

PT01SB/22 (06-03)

Approved for use through 07/31/2003. OMB 0651-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket Number (Optional)

W-9459-02

In re Application of
Keng-Yu ShihApplication Number
10/633,509Filed
08/05/2003For
Active Heterogeneous Bi- or Tri- Dentate Ligand/Transition Metal CatalystGroup Art Unit
1755Examiner
Jennine M. Brown

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- ☒ One month (37 CFR 1.17(a)(1)) (Fee Code 1251) \$ 110.00
- ☐ Two months (37 CFR 1.17(a)(2)) (Fee Code 1252) \$
- ☐ Three months (37 CFR 1.17(a)(3)) (Fee Code 1253) \$
- ☐ Four months (37 CFR 1.17(a)(4)) (Fee Code 1254) \$
- ☐ Five months (37 CFR 1.17(a)(5)) (Fee Code 1255) \$

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 0.00

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☐ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____
I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor

☐ assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☒ attorney or agent of record.

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 25184

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

August 9, 2004

Date

Signature

Howard J Troffkin

Typed or printed name

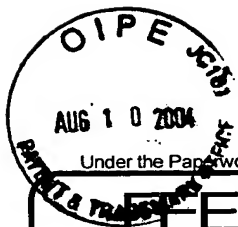
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total Of 1 forms are submitted.

Toolawntator Inc

08/11/2004 H8UTEMA1 00000003 071770 10633509

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FREE TRANSMITTAL
for FY 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

\$128.00

Complete If Known

Application Number	10/633,509
Filing Date	August 05, 2003
First Named Inventor	Keng-Yu Shih
Examiner Name	Jennine M. Brown
Art Unit	1755
Attorney Docket No.	W-9459-02

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit
Account
Number
Deposit
Account
Name

07-1770

W.R.Grace & Co.-Conn - MD

The Commissioner is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee
to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1001		2001		Utility filing fee	
1002		2002		Design filing fee	
1003		2003		Plant filing fee	
1004		2004		Reissue filing fee	
1005		2005		Provisional filing fee	
SUBTOTAL (1)					\$0.00

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
1202	18	2202		<input type="checkbox"/> Claims in excess of 20	
1201		2201		<input type="checkbox"/> Independent claims in excess of 3	
1203		2203		<input type="checkbox"/> Multiple dependent claim, if not paid	
1204		2204		<input type="checkbox"/> ** Reissue independent claims over original patent	
1205		2205		<input type="checkbox"/> ** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$18.00

*or number previously paid, if greater; For Reissues, see above

Or* ☐ Total Filing and Extra Claim Fees As Filed☐ Total Extra Claim Fees As Amended

From Page 2 Parts 1 or 2

\$0.00

SUBMITTED BY

*This Fee is in Lieu Of Parts 1 and 2 above

Name (Print Type)

Howard J Troffkin

Registration No.
(Attorney/Agent)

25184

Telephone

301-299-9326

Signature

Date

August 9, 2004

Toolawator Inc.

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